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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

08245

118232

1. PLACE OF DEATH e. COUNTY CAROLINE				2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE MARYLAND b. COUNTY CAROLINE			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) DENTON				c. LENGTH OF STAY IN 1b life			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)				d. STREET ADDRESS DENTON			
3. NAME OF DECEASED (Type or print) EVA				4. DATE OF DEATH JUNE 13 1966			
5. SEX F		6. COLOR OR RACE W		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH SEPT 10, 1907 58	
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months 05 Days 1		IF UNDER 24 HRS. Hours 13 Min. 00			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home				10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (County & State, or foreign country) MARYLAND	
12. CITIZEN OF WHAT COUNTRY? Am							
13. FATHER'S NAME FRANK DENNIS				14. MOTHER'S MAIDEN NAME IRMA SMITH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO				16. SOCIAL SECURITY NO.		17. INFORMANT HARLAN EDWARDS Address DENTON, MD.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTATIC CARCINOMA, CERVIX Uteri 171X DUE TO Conditions, if any, which gave rise to immediate cause (b) (a), stating the underlying cause last. DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a.m. Month, Day, Year 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from 12/13/65 , 19... to 6/13/66 , 19..., that (I) (we) last saw the deceased alive on 6/13/66 , 19..., and that death occurred at 12:30 A.M. 6/14/66 from the causes and on the date stated above.							
22a. SIGNATURE Philip Felipe				ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED 6/15/66	
22c. PHYSICIAN'S NAME (Type) Philip Felipe				22d. ADDRESS 103 gay st. Denton, Md 21629			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE THEREOF JUNE 16, 1966		23c. NAME OF CEMETERY OR CREMATORY DENTON		23d. LOCATION (City, town or county) (State) DENTON, MD.	
24. FUNERAL DIRECTOR'S SIGNATURE J. VIRGIL MOORESON ADDRESS DENTON				25a. REC'D BY REGISTRAR JUN 17 1966		25b. REGISTRAR'S SIGNATURE J. Charles Judge	

08380

08380

1 km 2 m 14

1 km 2 m 14

MARKING EDWARDS

MARKING EDWARDS

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11 11 11

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VR A15 (4)
20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH									
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND									
CERTIFICATE OF DEATH									
1. PLACE OF DEATH a. COUNTY Caroline b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Greensboro c. LENGTH OF STAY IN b Life d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) None					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Greensboro d. STREET ADDRESS None e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First James Middle Marion Last Bilbrough			4. DATE OF DEATH Month June Day 5 Year 19 66						
5. SEX Male		6. COLOR OR RACE Cau.		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 17, 1903		9. AGE (In years last birthday) 63 yrs. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Operator			10b. KIND OF BUSINESS OR INDUSTRY Feed Mill			11. BIRTHPLACE (County & State, or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Harry Bilbrough					14. MOTHER'S MAIDEN NAME Rachel Hughes				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 217-07-3869		17. INFORMANT Martha Bilbrough Address Greensboro, Md.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho-genic carcinoma with metastasis to right femur 1621 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) DUE TO									INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Pathological fracture right femur									19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)			
21. I certify that (I) (this hospital) attended the deceased from Jan. 5, 1966 , to June 5, 1966 , that (I) (we) last saw the deceased alive on June 5, 1966 , and that death occurred at M , from the causes and on the date stated above.									
22a. SIGNATURE <i>Charles H. Stonesifer</i>					M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED June 6 '66		
22c. PHYSICIAN'S NAME (Type) Charles H. Stonesifer, M.D.					22d. ADDRESS Greensboro, Maryland				
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 6-8-66		23c. NAME OF CEMETERY OR CREMATORY Greensboro		23d. LOCATION (City, town or county) (State) Greensboro, Md.			
24. FUNERAL DIRECTOR <i>John E. Boudria</i>				ADDRESS Greensboro, Md.		25a. REC'D BY REGISTRAR JUN 13 1966		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>	

00233

00240

Caroline

Marjane

Caroline

Greenboro

Wife

Greenboro

None

None

James Earl Ray

May 17, 1968

Male

U.S.A.

Marjane

Food Bill

Bill Operator

Robert James

Henry Billings

21-07-3889 James Earl Ray, Greenboro, N.C.

Transo-gene enclosures with
not sealed to right form

Technical Transo-gene right form

June 2, 68

June 2, 68

June 1968

Greenboro, N.C.

Charles H. Rayburn, N.C.

Greenboro, N.C.

Greenboro

6-8-68

Robert

Greenboro, N.C.

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20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH											
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
08247 CERTIFICATE OF DEATH 08234											
1. PLACE OF DEATH a. COUNTY Caroline b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural Goldsboro c. LENGTH OF STAY IN 1b 8 months d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) None					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural Goldsboro d. STREET ADDRESS None e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Rose Middle Hill Last 4. DATE OF DEATH Month June Day 9 Year 1966					5. SEX Female 6. COLOR OR RACE Cau. 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> 8. DATE OF BIRTH Sept. 19, 1900 9. AGE (In years last birthday) 65 yrs. IF UNDER 1 YEAR Months Days Hours Min.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dietitian					10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (County & State, or foreign country) Canada		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John W. Hill					14. MOTHER'S MAIDEN NAME Charlotte Nelson						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)					16. SOCIAL SECURITY NO. 134-18-1685		17. INFORMANT Mathilda O. Ivins Address Goldsboro, Md.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Serpiginous Carcinoma of breast with regional metastasis 170X DUE TO (b) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)									INTERVAL BETWEEN ONSET AND DEATH		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>											
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)				
21. I certify that (I) (this hospital) attended the deceased from Jan. 29, 1966 , to June 9, 1966 , that (I) (we) last saw the deceased alive on June 8, 1966 , and that death occurred at M , from the causes and on the date stated above.											
22a. SIGNATURE Charles H. Stonessifer M.D.					ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED June 9 '66				
22c. PHYSICIAN'S NAME (Type) Charles H. Stonessifer, M.D.					22d. ADDRESS Greensboro, Maryland						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE THEREOF 6-12-66		23c. NAME OF CEMETERY OR CREMATORY Sudlersville		23d. LOCATION (City, town or county) (State) Sudlersville, Md.				
24. FUNERAL DIRECTOR John E. Boudis ADDRESS Greensboro, Md.					25a. REC'D BY REGISTRAR JUN 13 1966		25b. REGISTRAR'S SIGNATURE Charles Judge				

03234

Caroline

Marvin

Caroline

Marvin

Marvin

Marvin

None

None

June 2

June 11

Sept. 19, 1960

Female

U.S.A.

Canada

None

Distillation

Charles Nelson

John W. Hill

Marvin

Marvin

None

with national meteorite

June 2

June 8

June 2

Greenwood, Maryland

Greenwood, Maryland

Greenwood, Maryland

Greenwood, Maryland

Greenwood, Maryland

Greenwood, Maryland

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90

MEDICAL CERTIFICATION

MARYLAND STATE DEPARTMENT OF HEALTH									
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND									
CERTIFICATE OF DEATH									
1. PLACE OF DEATH a. COUNTY Caroline County, Md. MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Kent County ✓							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro, Md.		c. LENGTH OF STAY IN 1b 3 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown, Maryland 14-2				d. STREET ADDRESS	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Collins Nursing Home		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) Annie		First		Middle		Last Hynson		4. DATE OF DEATH Month 6 Day 26 Year 1966	
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 10/15/1893		9. AGE (In years last birthday) 72 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Various		11. BIRTHPLACE (County & State, or foreign country) Kent County, Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Perry Landing				14. MOTHER'S MAIDEN NAME Henrietta Wright					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 213-22-6762		17. INFORMANT Mrs. Margaret Wilson		Address 201 Madison Ave Baltimore, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal Insufficiency 4221 Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic C.V. Disease DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Nutritional Anemia, Chronic Brain Syndrome								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)			
21. I certify that (I) (this hospital) attended the deceased from Oct. 10, 1963 to June 26, 1966 , that (I) (we) last saw the deceased alive on June 26, 1966 , and that death occurred at M , from the causes and on the date stated above.									
22a. SIGNATURE <i>C.H. Stonesifer</i>						22b. DATE SIGNED June 28 '66			
22c. PHYSICIAN'S NAME (Type) C.H. Stonesifer M.D.						22d. ADDRESS Greensboro, Maryland			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 6/29/1966		23c. NAME OF CEMETERY OR CREMATORY Janes Cemetery		23d. LOCATION (City, town or county) (State) Chestertown, Maryland			
24. FUNERAL DIRECTOR <i>Ernest W. Wally</i>				ADDRESS Chestertown, Md.		25a. REC'D BY REGISTRAR DATE JUL 5 1966		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>	

75249

2359

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MARYLAND STATE DEPARTMENT OF HEALTH											
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
CERTIFICATE OF DEATH											
08248					08236						
1. PLACE OF DEATH a. COUNTY Caroline MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural Henderson c. LENGTH OF STAY IN 1b 3 yrs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) None					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural Henderson d. STREET ADDRESS None e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) Roy Wallace Phillips					4. DATE OF DEATH June 30 19 66						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 3, 1888		9. AGE (In years last birthday) 77 yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming					10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (County & State, or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Jessie Phillips					14. MOTHER'S MAIDEN NAME Annie Legg						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No					16. SOCIAL SECURITY NO. None		17. INFORMANT John Phillips Address Harrington, Del.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Dehydration 4221 DUE TO (b) Chronic myocarditis Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c) Cessation of living PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) General Arteriosclerosis										INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> DR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)						
20c. TIME OF INJURY Month, Day, Year 7 29 1966 Hour a.m. p.m.					20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that (I) (this hospital) attended the deceased from Jun 29 , 19 66 , to Jun 30 , 19 66 , that (I) (we) last saw the deceased alive on June 29 , 19 66 , and that death occurred at 8 PM , from the causes and on the date stated above.											
22a. SIGNATURE C.H. Metcalfe					22b. DATE SIGNED 7/1/66						
22c. PHYSICIAN'S NAME (Type) C.H. Metcalfe					22d. ADDRESS Sudlersville, Md.						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE THEREOF 7-3-66		23c. NAME OF CEMETERY OR CREMATORY Sudlersville			23d. LOCATION (City, town or county) (State) Sudlersville, Md.			
24. FUNERAL DIRECTOR John E. Bowles ADDRESS Greensboro, Md.					25a. REC'D BY REGISTRAR J. Charles Judge		25b. REGISTRAR'S SIGNATURE J. Charles Judge				
DATE JUL 6 1966											

44-230

44-230

Carolina

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